

# VACANCY NOTICE

## FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

<b>Description of Position</b>	<b>TITLE OF POSITION:</b> <u>Medical Program Director (Corr.)</u> <b>CLASSIFICATION CODE:</b> <u>02941700</u>			
	<b>SALARY RANGE:</b> <u>(154 A) \$135,589 - \$151,800</u> <b>REFERENCE POSITION:</b> <u>N137013200-00028</u>			
	<b>Department or Agency Name:</b> <u>Corrections</u> <b>APPLICATION PERIOD:</b> <u>12-14-09 to 12-20-09</u> <b>Division/Section/Unit:</b> <u>Health Services</u> <u>(3 day grace 12-23-09)</u>			
	<b>Assignment(s) / Comments:</b> _____			
	<b>Shift and Days:</b> <u>Non-Standard</u> <b>Job Location:</b> <u>All ACI Facilities</u> <b>Restrictions/Limitations:</b> <u>None</u> <b>Position Covered By Collective Bargaining Union Agreement:</b> Yes _____ No <u>X</u> <b>Name of Bargaining Unit:</b> <u>None</u> <b>There is* _____ is not <u>X</u> a Civil Service List for this _____</b> <b>See A/B or Both for Specific Instructions</b>			
<b>* NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed.</b>				
<b>General Information to Candidate</b>	<b>INSTRUCTIONS:</b> <b>A. STATE EMPLOYEE LATERAL BIDDER:</b> Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either <u>on the application</u> or <u>within a cover letter</u> , both the File Position Title and Number.  <b>Most Important</b> - Please include the following information: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ The title of the position for which you are applying</li> <li>▪ Title of your present position and date you entered it</li> <li>▪ Date you entered State service</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Name of department where you are currently employed</li> <li>▪ Your business telephone number</li> <li>▪ Present Union Affiliations</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>▪ The title of the position for which you are applying</li> <li>▪ Title of your present position and date you entered it</li> <li>▪ Date you entered State service</li> </ul>	<ul style="list-style-type: none"> <li>▪ Name of department where you are currently employed</li> <li>▪ Your business telephone number</li> <li>▪ Present Union Affiliations</li> </ul>
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	<b>*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.</b>			
	<b>B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:</b>  If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.			
	<b>C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:</b>  <b>▪ Reasonable Accommodations:</b> If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.			
<b>▪ Medical Information:</b> Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).				
<b>Statement of Duties</b>	<b>DUTIES / RESPONSIBILITIES:</b> To be responsible for the overall direction and management of Medical, Mental Health, Dental Services and all other Health Unit allied services at the RIDOC; to maintain working relationships with institutional Managers and DOC Administration; to work toward providing the highest possible standards of medical care and to do related work as required.			
	<b>EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:</b> (A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.) <b>Education:</b> Graduation from medical school of recognized standing, and successful completion of an internship and residency program in the field of Internal Medicine, Surgery, or Family Practice, which has been certified and approved by the Liaison Committee for Graduate Medical Education, and <b>Experience:</b> Employment in a responsible supervisory capacity in an accredited hospital, institution or clinic. <b>Or</b> , any combination of education and experience that shall be substantially equivalent to the above education and experience. <b>SPECIAL REQUIREMENT: At the time of appointment, must meet the RI Department of Health requirements to practice medicine in the State; and must possess or be eligible for certification by the American Board of Medical Specialties in the field of Internal Medicine, Surgery, or Family Practice. Must become ABMS certified and maintain such certification as a condition of continued employment.</b>			
<b>Where to Apply</b>	Apply within the application period as shown on this announcement. <b>NOTE:</b> Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. <b>SEND RESUME or CS-14 Application to:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Jane M. Ryan</b>  <b>Office of Human Resources</b>  <b>39 Howard Avenue</b>  <b>Cranston, R.I. 02920</b> </div> <div style="width: 45%;"> <b>E-mail:</b> <a href="mailto:jane.ryan@doc.ri.gov">jane.ryan@doc.ri.gov</a>  <b>Telephone #:</b> <u>(401) 462-5119</u>  <b>Fax #:</b> <u>(401) 462-2685</u>  <b>TTY/TDD #:</b> <u>7-1-1</u>  <b>(Telecommunication Device for the Deaf)</b> </div> </div>			



**STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY/DIVERSITY/E-VERIFY PROGRAM EMPLOYER  
WOMEN & MINORITIES ARE ENCOURAGED TO APPLY**

**ted to this position.**